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Final Report

Philippines: Re-emergence of vaccine preventable diseases

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRPH032
Date of Issue: 30 March 2021	Glide number: EP-2019-00023-PHL EP-2019-000110-PHL
Operation start date: 12 February 2019	Operation end date: 31 December 2020
Host National Society: Philippine Red Cross	Operational Budget: CHF 1,990,056
N° of people affected: 109,442 for Measles; 11 million ¹ for Polio	N° of people assisted: 1.2 million for Measles operation; 1.2 million for Polio operation N° of people reached: 777,120 both for Measles and Polio operation;
Red Cross Red Crescent Movement partners currently actively involved in the operation: PRC is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. International Committee of Red Cross (ICRC) are also supporting PRC along with other in country PNS.	
Other partner organizations actively involved in the operation: Government agencies including the Department of Health (DOH), Department of Interior and Local Governments (DILG), Department of Public Works and Highways (DPWH), National Disaster Risk Reduction and Management Council (NDRRMC), Department of Social Welfare and Development (DSWD) and local government units are aiding affected households. International agencies such as WHO (World Health Organization) and UNICEF are also responding. OCHA, the Humanitarian Country Team and Health Cluster are also providing coordination.	

This final report is issued both for Measles and Polio operations.

On 13 November 2019, a [Revised Emergency Appeal](#) for MDRPH032 appeal was published, seeking a total amount of CHF2.7 million as part of an integrated approach to address the re-emergence of vaccine preventable diseases in the Philippines, namely measles and polio.

Under Emergency Appeal MDRPH032, Measles operation sought an amount of CHF 657,524. The polio response plan was scaled-up to an amount of CHF 1,990,056. Both operations ended in 31 December 2020.

Emergency plan of action for the two operations can be found here:

Measles operation - [Revised Emergency Plan of Action 2](#)

Polio operation - [Revised Emergency Plan of Action](#)

¹ 1 As published by DOH and validated by the joint Sitreps #11 of UNICEF and WHO.

Final report for Measles operation:

A. SITUATION ANALYSIS

6 February 2019: The DOH declared a measles outbreak in the National Capital Region (NCR) and Region 3 (Central Luzon). PRC escalated preparations at chapter and National HQ levels and started to mobilize community health volunteers for rapid assessment and disease surveillance.

7 February 2019: DOH announced that the measles outbreak had spread to more areas in Luzon and Visayas in CALABARZON, Region 6 (Western Visayas) and Region 7 (Central Visayas).

12 February 2019: IFRC launched CHF181,417 from its Disaster Relief Emergency Fund to support PRC plan of action.

6 March 2019: IFRC launched an [Emergency Appeal](#), seeking a total amount of CHF2 million for PRC to scale up its emergency response.

2 April 2019: IFRC [Emergency Plan of Action](#) was published.

10 May 2019: [Operations Update No. 1](#) was published.

6 September 2019: Revised [Emergency Plan of Action](#) and [Operations Update No. 2](#) were published.

13 November 2019: [Revised Emergency Appeal](#) was published, seeking a total amount of CHF2.7 million as part of an integrated approach to address the re-emergence of vaccine preventable diseases in the Philippines, namely measles and polio.

30 January 2020: [Revised Emergency Plan of Action 2](#) seeking an amount of CHF 657,524 and extending the timeframe for the measles outbreak plan of action until 31 December 2020 and [Operations Update No. 4](#) were published.

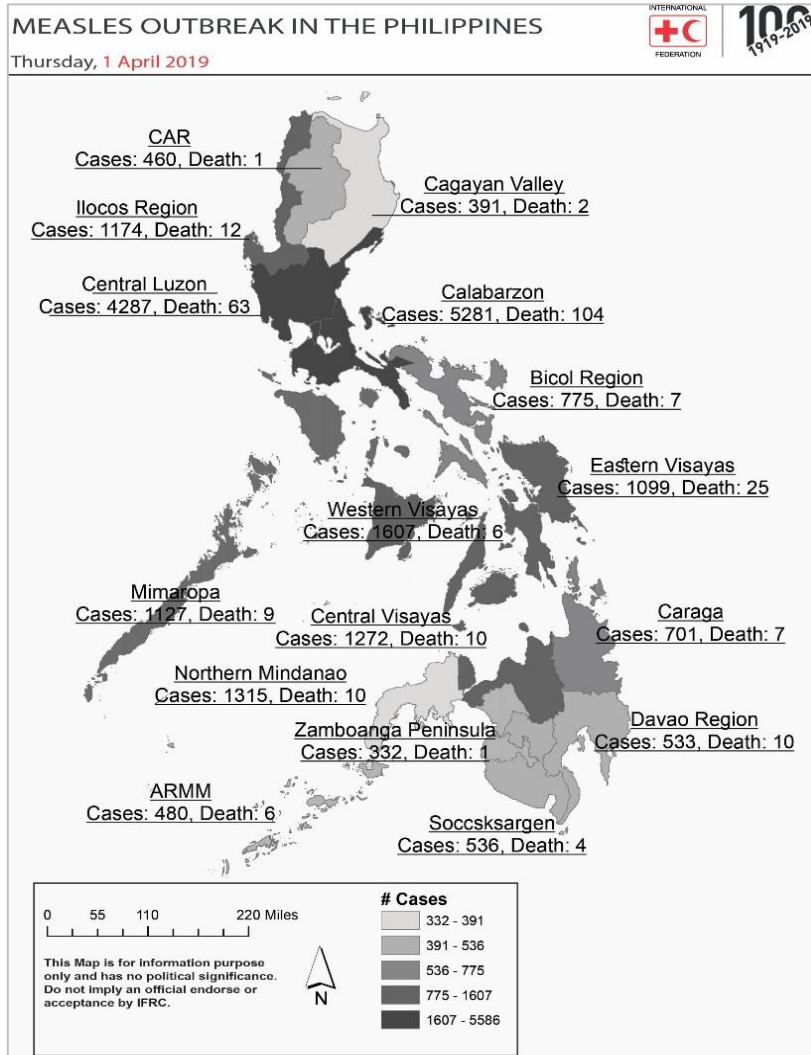
Description of the disaster

The number of measles cases has increased in the Philippines in recent years, with a dramatic increase in cases across the country in late 2018. On 7 February 2019, the Philippines' Department of Health (DOH) reported outbreaks of measles in five regions, namely the National Capital Region, Central Luzon (III), CALABARZON (IV-A), Western Visayas (VI) and Central Visayas (VII). In the following weeks, the outbreaks reached 17 regions.

Based on the DOH's Measles and Rubella Surveillance report and the WHO Epidemiological Overview 2020, between 1 January and 31 December 2019, a total of 47,871 cases of measles, including 632 deaths, were recorded, with a case fatality rate (CFR) of 2.6 per cent. Most cases were recorded in the first three months of 2019. For the year 2018, there had been 20,827 cases reported with 199 deaths.

Poor immunization coverage is broadly agreed by health specialists to be the root cause of the outbreaks. It is reported that fully immunized children for measles vaccine reduced over the last five years from 91 per cent to less than 40 per cent. The 2018 estimate is that 3.7 million children under five years old are still susceptible for measles infection.

To address the outbreak, the DOH mounted another round of supplemental immunization program, targeting 3.8 million children aged six months to 59 months. DOH issued guidelines for a nationwide measles vaccination, accompanied by Oral Polio Vaccine



Cases of measles outbreak in the Philippines. (Source: PRC)

(OPV) and Vitamin A distribution, prioritising unvaccinated children between six to 59 months; school children from kindergarten to grade six; and adults who voluntarily wished to be vaccinated against measles.

The DOH's latest reporting showed the number of cases per week has now returned to below the number of the same period in 2018. This indicates that the epidemic is stabilizing from its most deadly phase. The main priority now should be supporting the government initiatives to ensure at least 95 per cent coverage of population via provision of measles containing vaccine (MCV) – be it Measles, Mumps and Rubella (MMR) or Measles and Rubella (MR) –, OPV and Vit. A (as proposed by the DOH).

Summary of response

The PRC response was divided into three phases on this operation. PRC's Operations Centre collected and collated all data on measles cases and PRC's ongoing response and issued regular updates throughout the response. The PRC Health Service, through their chapters and trained volunteers, continued to scale up case monitoring and the response to affected communities on the ground. PRC coordinated with the DOH Epidemiology Bureau. To augment information sharing and support, PRC also engaged and coordinated with the NCR Infectious Diseases Cluster.

From 10 February to September 2019, PRC conducted the following response activities:

Measles Care Units (MCUs): established MCUs across six hospitals and treated 3,735 patients and supported their immediate family members.

5

Philippine Red Cross conducted **community based measles control program** thru outbreak response immunization



17,000 children vaccinated

Delivered key messages on measles prevention, measles warning signs, measles vaccination and caring practices thru its community health volunteers.

2

In 2018, the measles vaccination coverage in the Philippines was very low at 40%.



At the height of the measles outbreak, government hospitals are overburdened.




Vaccination: PRC teams with more than 2,000 volunteers vaccinated a total of 16,956 children, which was supported by 20 chapters across 21 cities and municipalities. Each vaccination team comprised of one doctor or senior nurse, three vaccinators (who were essentially practicing nurses), two recorders, two social mobilizer/health promoters and one person responsible for community mobilization and basic logistics. The doctor or the senior nurse was the team leader, who was responsible for quality of the vaccination, refusal management, waste management and ensured that the adverse effects were well explained to the recipients before the vaccination was administered. also responsible for overall quality and universal precaution compliance before, during and after the vaccination. The team was provided with a two-hour orientation at the chapter level, by PRC staff and health centre doctors, on conducting mass vaccination in an outbreak context.

3


Philippine Red Cross Measles Outbreak Response 2019

Objectives
To prevent the further spread of Measles by employing interventions targeting vaccine hesitancy, increasing vaccine coverage, information dissemination, care and support.




Scope of Intervention

- Decongest hospitals
- Vaccinate the unvaccinated
- Educate the community


Supported by:  International Federation of Red Cross and Red Crescent Societies

4

Philippine Red Cross assisted **6 government hospitals** thru its measles care units.



Catered **3,700 patients.**



MEASLES CARE UNIT

Training: Training of Trainers (ToT) on epidemic control for volunteers (ECV) and the immunization compliance module was conducted twice during the project. The first was conducted on September 24-26, 2019 at the Quezon City Chapter, while the second was conducted at the Philippine Red Cross Logistics and Multipurpose Center. During the two trainings, 25 and 29 personnel were trained respectively, producing a total of 54 ECV trainers.

Accountability: Throughout the response, the PRC's Operations Centre (OpCen) collected and collated all data on measles cases and the response and published regular updates throughout the operation.

Phase 1 of the operation, which focused on setting up measles care units (MCUs), conducting direct vaccination, and WASH activities, ended in September 2019. Phase 2, which initially aimed to reach 200,000 children across 25 chapters with direct vaccination, was planned to start during the third quarter of 2019. This, however, did not occur as measles related activities were overtaken by a focus on polio activities, following the government's declaration of

IEC materials developed and disseminated to the community by PRC. (Photo: PRC)

national polio outbreak on 19 September 2019. Furthermore, during this time, the PRC was responding to multiple concurrent emergencies, including disease related ([Dengue](#), [Polio](#) and [COVID-19](#)) and natural disasters ([Batanes Earthquake](#), [Mindanao Earthquake](#), [Typhoon Kammuri](#), [Typhoon Phanfone](#), [Taal Volcano](#)).

This project was subsequently revised to be classified within a broader “Re-emergence of vaccine preventable diseases” Emergency Appeal, which encompassed the response phase to measles and polio, enhanced vaccination coverage, and outbreak, epidemic and pandemic preparedness under a holistic integrated approach.

Overview of Red Cross Red Crescent Movement in-country

The PRC led the overall response operation. PRC worked with the IFRC, ICRC and seven Partner National Societies in-country: American Red Cross, the Canadian Red Cross Society, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, the Netherlands Red Cross and Spanish Red Cross.

The Netherlands Red Cross supported the appeal through remote data analysis. In Phase 1 of the emergency response, the focus was on analysis of health data collected during the outbreak, identifying trends, risk areas and visualization of the information. In Phase 2 of the operation, the support focused on analysing the field data collected by PRC for the vaccination campaign targeting.

Movement coordination

PRC maintained close coordination with in-country Movement partners and continued to provide updates. PRC has had several Movement coordination meetings to discuss the possible scenarios and corresponding plans of action with partners. The IFRC country delegation (CD) supported PRC in disseminating updates to Movement partners with in-country presence and coordinating with the Asia Pacific Regional Office (APRO) in Kuala Lumpur, Malaysia in accordance with the IFRC Secretariat’s Emergency Response Framework. PRC and IFRC are coordinating with ICRC concerning the areas that are conflict sensitive in Mindanao and affected by the outbreaks.

Coordinating with the authorities

As an auxiliary to public authorities, the PRC maintained close relations with government agencies through its participation or collaboration with the DOH. Through the chapters, the PRC engaged with local health authorities at the provincial, municipal and barangay (village) levels.

DOH activated its incident command structures at regional level to facilitate coordination with local government units (LGUs) and health facilities. The DOH Health Emergency Management Bureau compiled commitments from partners who assumed responsibility for surveillance, particularly in geographic areas where they are normally active, to ensure that local data was available from a relatively large area. UNICEF and WHO continued to provide technical, financial and logistical support to DOH in planning, implementation and monitoring activities to respond to measles outbreaks. The NDRRMC convened the Response Cluster to which the member agencies committed their technical, logistical and human support to deal with the outbreaks. The NDRRMC coordinates, monitors and publishes regular status reports.

Coordinating with non-Red Cross Red Crescent actors

The PRC coordinated mainly with the UNICEF, Americares, the International Medical Corps (IMC), the USAID-funded Reach Health, IOM and WHO.

Inter-agency coordination

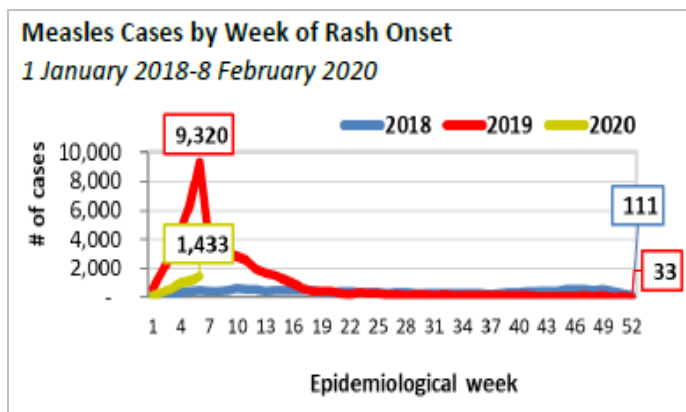
At country level, PRC and IFRC were observers to, and participated in, meetings of the Health Cluster Team (HCT) and Inter Cluster Coordination held both during disasters and non-emergency times. PRC and IFRC were involved in relevant government-led cluster information sharing, planning, and analysis at all levels while IFRC supported PRC coordination efforts through representation in other relevant clusters as required. PRC and IFRC also participated in surveillance meetings with entities such as the DOH and WHO.

The PRC and the IFRC worked closely with DOH, WHO and UNICEF to implement a conference on vaccine-preventable diseases in the Philippines entitled ‘Answer to Outbreak Summit’ which examined the root causes of the low coverage, the low efficacy of the vaccine and the role of the different partners in ensuring adequate individual resilience and collective immunity in the Philippines. The same forum also served as a platform to highlight lessons learned from the response to measles outbreaks and review plans to secure collective immunity and address the root causes of poor coverage and low effectiveness.

Needs analysis and scenario planning

Throughout 2019, a total of 47,871 cases of measles, including 632 deaths, were recorded. Based on DOH data, from January 1 to February 1, 2020, there had been 1,189 measles cases with 10 deaths recorded. The cases reported of measles for week 5 (MW 5) were 82 per cent lower than the same period in 2019 when, at its peak, the measles epidemic had recorded 6,513 cases. The weekly measles cases chart (as shown below) exhibits the overall trend in cases, indicating an overall trend in the increasing number of cases during the first three months of 2019, following on with a steady decline in the number of cases.

The age range of measles cases reported as of 14 February 2020 was less than one year to 78 years of age, with a median of four years. Of this total, 21 per cent were one to four years old while 31 per cent were less than one year old. For those who have died from measles, cases ranged from less than one year to 30 years old, with a median age of two years. Of this total, 50 per cent are between one and four years old. Both male and female are equally affected. Of those who died, 80 per cent had not been vaccinated, the rest have an unknown vaccination status (10 per cent) or unknown number of doses received (10 per cent).



Source: WHO, Philippines Epidemiological Overview 2020, 24 February 2020

When comparing the case fatality rate (CFR) for the same period (MW 1-5) in 2019 and 2020 and by regions, the decrease in measles cases, deaths and CFRs is notable with an overall CFR of 0.8 per cent for 2020 compared to 2.6 per cent for the same period in 2019, when the outbreak was at its peak. The development of outbreaks in several densely populated urban areas can promote the rapid spread of the disease. In addition, the risk is high in remote areas where public health services and immunization coverage are low.

The DOH requested support from the PRC to reach unvaccinated children. There are illegal urban settlements where children are not covered by the public health system because they are not registered. The PRC mobilized its large network of RC143 volunteers to support DOH vaccination. In addition, the six hospitals sent official letters to the PRC, requesting support with additional wards/units to support segregation, treatment and recovery of patients with active measles. The DOH and the Epidemiological Bureau of the Philippines are turning to the PRC to help them with community-based information, as government data comes from hospitals, health centres and health stations and cases, which are not reported to health institutions remain unreported.

Consequently, catch-up campaigns for both supplementary immunization activities (SIA) and outbreak-related immunization (ORI) never reach these areas, compromising the vaccine safety net. The PRC targeted some of the densest urban poor areas. The PRC also targeted indigenous communities who were often left out of the safety net due to poor health seeking behavior, lack of follow-up and social mobilization. In the emergency phase, the PRC targeted these populations with vaccination services, undertook refusal management activities and ensured that in all communities where PRC undertook vaccination campaigns, at least 95 per cent of children between the age of 6 and 59 months are vaccinated against measles

Other associated illnesses: Many children have been reported to have died from complications from measles such as pneumonia, often due to late referrals. Malnutrition is another risk factor for complications, including death. Lack of nutrition is also one of the main factors for why some are more likely to develop complications from measles.

Low immunization rate: The Philippines has experienced a drop in the vaccination rate for the first dose of measles vaccine in several years: 80 per cent in 2008 to 70 per cent in 2017 and it continued to decrease in 2018. As a result, many children had become susceptible to measles. The WHO estimates that 3.7 million children under the age of five are unprotected against measles.

If routine immunization remains low in the Philippines, the country will continue to experience periodic measles outbreaks, which could become more lethal over time and put more pressure on the country's public health system.

Operation Risk Assessment

The following risks were identified in the planning for this operation:

Risk	Mitigation measures
Lack of vaccines	Coordinate with DOH, LGU's and UNICEF on the availability of vaccines to support the campaign.
High refusal	Build in refusal management mechanism as part pf social mobilization strategy.
Vaccination takes longer than expected and case load continues to grow.	Scale up the response in terms of scope and time. Use the additional vaccines as ordered by the UNICEF and scale up PRC response capacity in relation to geography and most vulnerable areas.
Side effects to vaccinations	In most cases, the DOH vaccination teams will handle this. However, the PRC volunteers will be oriented on the side effects and be ready to identify the cases and refer them to the health institutions, if required. The vaccination team (if needed) will have orientation on adverse effect management as a part of pre-vaccination training given to parents/attendants and their consent is to be recorded prior to vaccination. Each team will have a doctor or a senior nurse, who can identify cases, where vaccination is not required or not to be

	administered and take immediate action, in case of an immediate adverse reaction.
Adverse effect of the vaccine (vaccine-associated paralysis or the OPV attenuated virus becoming neurovirulent and transmissible).	As part of the orientation the vaccinators and the health educators were informed about these including GBS etc. Though these are rare incidence but information and precautions at the vaccinators' level and informed vaccination save the team's reputation and moral and they tend to value lives of people, even more.
Cold Chain Failure	In this case the efficacy of the vaccine will reduce, and people will receive a false sense of security, which is dangerous. These kinds of cases/episodes should be immediately reported to the DOH and arranged for the next round of vaccination in the same area, at the earliest.
Large to catastrophic disaster in the country, multiple operations.	Apply country level contingency plans – including coordination with ICRC with regards the country level security framework.
Major political unrest and possibilities of armed conflict in one of more areas of the country.	As above

Please refer to the [EPoA](#) for information on needs analysis, risk analysis, changes made to the EPOA, information on targeting, multi-dimensional vulnerability indicators, scenario planning, where they are explained in detail.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this Emergency Appeal Operation was to contribute to preventing and reducing morbidity and mortality resulting from the measles outbreaks in the Philippines.

Adopted strategy

The appeal covered the emergency phase of a planned longer-term programme. Phases 1 and 2 were covered under this emergency appeal for the first nine months from February to September 2019. There was also a Phase 3 that was focused on the longer-term issue of the low routine vaccination rates, which was incorporated into the IFRC Country Operational plan.

To achieve the overall objective, this operation was based on two distinct phases:

Phase 1:

The plan was to reach 6,000 people and their immediate family members with direct services in the MCU's and 60,000 children with direct vaccination. However, due to the available resources and accounting the DOH and other agencies responses, PRC target and activities were reduced.

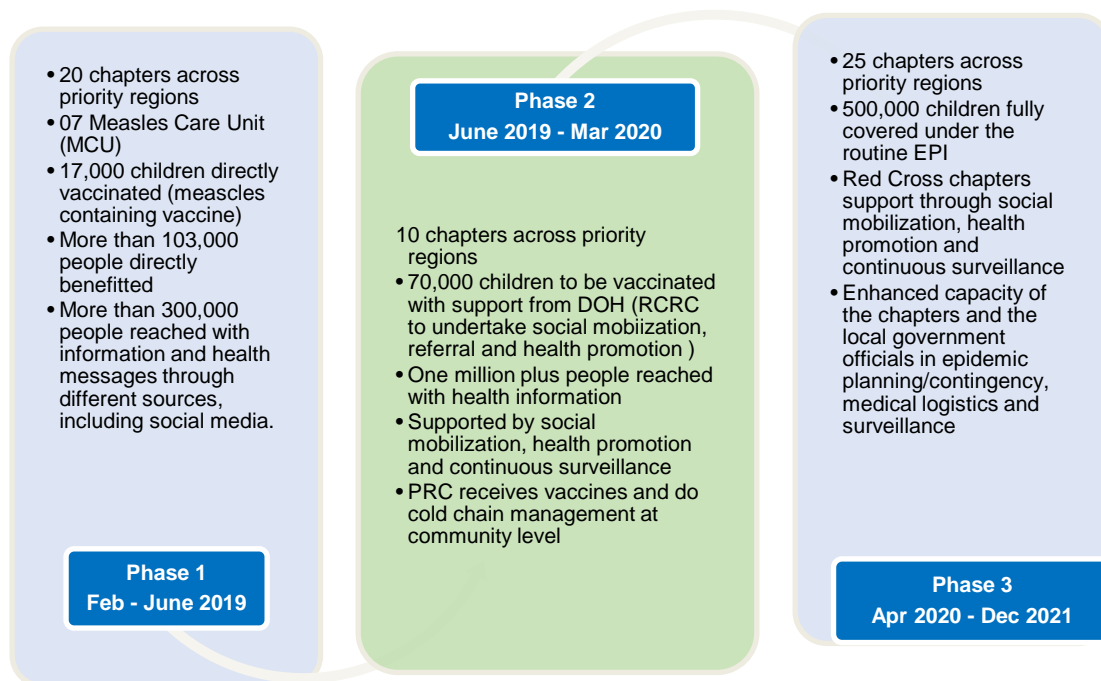
Phase 2:

The initial plan was to reach 200,000 children across 25 chapters, with direct vaccination. However, due to available resources and taking into consideration the DOH and other agencies responses the target and strategy were revised as follows:

- Through community based social mobilization in ten priority chapters, PRC aimed to reach up to 70,000 children and 280,000 of their immediate family members and siblings with information, referral and telemedicine services.
- PRC aimed to support 70,000 children, in the age group of six months to 59 months, to be vaccinated through the DOH's Expanded Program on Immunization (EPI).
- PRC planned to focus on remote areas and the dense urban slums where there are gaps in the public health system and a hesitancy existed towards vaccinations.
- The priority was to support the vaccination through the DOH's EPI; however, with PRC contingent on carry out direct vaccinations if needed.

Time frame:

The strategy was based on the implementation of three distinct phases are summarised in the diagram below:



The key strategies to achieve the overarching objective included:


- **Epidemiology:** PRC focused on active surveillance using the established network of trained volunteers that informed the Operation Centre and the local health network with a clear and detailed picture of the situation. Secondary data was explored to identify outbreak locations. Trained volunteers validated the locations and identified critical cases. They also ensured referral of cases to the nearest health facility. This supported early reporting and management of the critical cases and lowered mortality.
- **Measles Care Unit (MCU):** PRC set up fully equipped MCUs, at high intake hospitals with welfare desks, water and sanitation and volunteer nursing staff in collaboration with DOH and local government units to ensure quality services.
- **Vaccination campaign:** DOH requested RCRC support in vaccination efforts, as auxiliary to the government efforts, through mobilization of volunteer nurses, doctors, midwives to immunize children, especially in urban settlements and difficult to reach areas. This also involved social mobilization, vaccination through static and roving teams, reporting, health promotion, refusal management and referral of active cases to the nearest health facility. This strategy was supported by sub strategies such as (i) provision of hot meals on wheels for the children and their attendants who brought them to the vaccinators and (ii) public announcements on prevention of measles in the designated areas using roving PRC units.
- **Enhancing public education:** Actively disseminating timely and related information to ensure positive changes of behaviour towards measles immunization, early referral and management of measles, and updates on resources for health and health-related needs across levels.
- **Strengthening the capacity of the National Society** to respond to outbreaks by enhancing their capacity on surveillance, micro planning, social mobilization and validation and reporting of cases through the operations centre system.

The activities planned for Phase 2 were scheduled to continue until 30 June 2020. Phase 2, however, was delayed due to the prioritization (by the DOH with support from PRC) of the polio outbreak response in September 2019 and was not recommenced until 2020. On 14 January 2020, the PRC conducted an Online Technical Orientation on the measles and polio supplementary immunization activities (SIA) campaign for region 3 & 4A Chapters, Visayas and Metro Manila chapters. The meeting was attended by NCR, Region 3, Region 4A and all Visayas Region with planning for campaigns and their engagement in the mobilizations, IEC materials, visibility and mobilization guidelines in COVID-19 context were shared to all the chapters. Implementation began in February 2021.

Phase 3, with its focus of IFRC and PRC assessment of the longer-term issue of the low routine vaccination rates, was implemented from October 2020 to December 2021. Phase 3 as incorporated into the IFRC Country Operational plan, with the CD assisting with funding for this longer-term phase.

An elaboration of the above summary and operational revisions can be found in the Operational Update 12 Month report as well as information on commitments on quality programming, and operational support needs, where they are explained in detail.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 1,900,000 Male: 950,000 Female: 950,000</p>								
Indicator:	Target	Actual						
# of people reached to lessen immediate risks to health	90,600	103,455 ²						
# of people provided with support services as part of hospital support and welfare desk	18,000	18,675 ³						
# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit	400	273						
# of volunteers and staff provided with PPE for protection from measles, while responding	1,900	2,048						
# of people reached with community-based disease prevention and health promotion programming	1,000,000	916,000						
# of volunteers mobilized to support measles prevention and management activities in the communities	1,500	2,048 ⁴						
# of people reached with vaccination for measles	17,000	16,956						
# of people reached through direct social mobilization campaign and social media coverage	1,000,000	1,948,890 ⁵						
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	112 ⁶						
# of people provided with psychosocial support	18,000	18,675 ⁷						
# of volunteers mobilized for PSS	100	48						
Narrative description of achievements								
<p>Phase 1 through the MCUs Phase 1 was fully implemented by the PRC. Measles Care Units (MCUs), set-up in six hospitals, were able to cater to 3,735 patients. The operationalization of MCUs was completed in February 2019. Teams, composed of one volunteer nurse and three health volunteers, were assigned to each MCU to support the hospital staff in providing basic health care services to patients admitted to the MCUs. Each MCU had a staff team comprising at least four members per shift (morning and afternoon). 273 volunteers were mobilized to support the MCUs. See the breakdown for the operationalization of the MCUs in the table below.</p>								
Breakdown of operationalization of MCUs								
No	Hospital	Location	Bed Capacity	Water Distributed (liters)	Portable Toilets	No. of Patients Catered	Operational Date	Closing Date
1	San Lazaro Hospital	Manila	50	10,000	4	2,636	13-Feb-19	08-Apr-19
2	Philippine General Hospital	Manila	10	5,000	4	12	16-Feb-19	27-Feb-19
3	Cainta Municipal Hospital	Cainta Rizal	20	-	2	123	16-Feb-19	24-May-19
4	Amang Rodriguez Memorial Medical Hospital	Marikina City	40	-	2	447	16-Feb-19	05-Jun-19

² Number of vaccinated, plus number of patients in MCUs including household members.

³ 3,735 patients catered in six MCUs including household members.

⁴ Trained volunteer's vaccination campaign plus MCUs.

⁵ 1,948,890 people reached through social media post (Facebook)

⁶ Chapter Service Representative on health from 21 chapters who are actively engage in mobilization and monitoring of measles outbreak response.

⁷ The figure 18,675 includes 3,735 patients in the MCUs as well as members of their household' and/or attendants who also received psychological first aid

5	Quirino Memorial Medical Center	Quezon City	25	5,000	2	371	17-Feb-19	11-Jun-19
6	Rizal Provincial Hospital System Antipolo Annex 1	Antipolo Rizal	15	-	-	146	24-Feb-19	07-Jun-19
Total			160	20,000	14	3,735		

Community-based disease prevention and health promotion activities were to be implemented in two Phases as follows:

Phase 1: As part of the initial emergency phase, PRC supported the DOH's mass vaccination campaign and were able to vaccinate 16,956 children through 20 chapters across 21 cities and municipalities. At least 2,000 trained volunteers, including doctors and nurses, were mobilized. Trained volunteers were also mobilized to carry out health promotion activities. The main topics discussed during the dissemination of information included symptoms, prevention, and immediate action when a child has mild measles and/or complicated measles. The PRC printed 34,000 pieces of IEC materials for parents and guardians who had brought their children to vaccination, to raise awareness and inform the community of what to do when measles cases are identified.

In Phase 1, the project reached out to 16,956 children aged 6 months to 59 months and their 67,824 immediate family members with information and hot meals. There were 3,735 patients reached through the MCUs, with their 14,940 immediate attendants and family members with services such as treatment, counselling, hygiene materials, sanitation facilities and drinking water. This represented 103,455 people directly reached during the emergency response phase.

Phase 2: The PRC organized a workshop from 10 to 12 April 2019 in Manila to update and plan the response. A total of 66 people participated from 17 chapters of the PRC, namely in Batangas, Bulacan, Caloocan, Cebu, Iloilo, Laguna, Leyte, Manila, Marikina, Mindoro Oriental, Nueva Ecija, Pangasinan, Quezon City, Rizal, Tarlac, Western Samar and Zambales. Colleagues from regional DOH offices in Eastern Visayas, NCR, Region 4B, 7, 1, 4A, the Philippine League of Government and Private Midwives Inc, WHO, UNICEF, and universities also attended the workshop.

Through this workshop and subsequent planning, the PRC revised its strategy and objectives. The PRC identified ten chapters that implemented Phase 2 of the response: Bulacan, Olongapo, and Zambales in Central Luzon; Caloocan, Manila, Marikina and Quezon City in Metro Manila; Batangas and Rizal in South Luzon; and Cebu in Visayas.

The PRC set up its welfare desks with the deployment of the MCUs and was able to provide psychosocial support (PSS) services and other relevant welfare services such as referrals to concerned agencies (i.e. Department of Social Welfare and Development) to all 3,735 patients. Attendants and caregivers also directly benefited from the services provided by welfare desks.

In total, at least 12 trained volunteers were mobilized to carry out PSS activities. As part of the welfare support, hot meals were provided to children and accompanying adults who came for vaccination during the pilot vaccination in Baseco. Manila. These were supplied by the PRC's hot meals vans or by the chapters, cooking directly.

Overall: The number of people reached with community-based disease prevention and health promotion programming was 916,000 persons. This encompassed beneficiaries that were reached through the measles care units, as well as the families reached during polio vaccination activities, following the classification of the project into the broader "re-emergence of vaccine preventable diseases" Emergency Appeal, which included the response phase to measles and polio, enhanced vaccination coverage, and outbreak, epidemic and pandemic preparedness under a holistic integrated approach.

The overachievement regarding the number of people (1,948,890) reached through direct social mobilization campaign and social media coverage is due to the combined following of Philippine Red Cross accounts on social media platforms such as Facebook and Twitter. Social media posts on the measles vaccination campaign and response to the measles outbreak were widely received. Considering that wide geographical coverage of the intervention, more chapters, staff and volunteers shared different social media content of PRC, hence the wide coverage.

For each Measles Care Units, there was an established welfare desk assisting relatives and caretakers of the patients/children and providing psychosocial support. For each welfare desk, there were between 4 to 8 volunteers with rotating shifts throughout the duration of the operations for 3 to 4 months. This brought us to a total of 48 volunteers that provided psychosocial support.

More details are available in the [Operational Update 12 Month](#).

Challenges

Concurrent emergency operations resulted in a de-prioritization of measles activities and a diversion of resources to competing operations including ([Dengue](#), [Polio](#) and [COVID-19](#)) and natural disasters ([Batanes Earthquake](#), [Mindanao Earthquake](#), [Typhoon Kammuri](#), [Typhoon Phanfone](#), [Taal Volcano](#)).

The DOH identified vaccine hesitancy as one of the reasons for the measles outbreak in some regions⁸. To overcome this, different approaches and facts were provided based on the nature of the parents' refusal. Information materials provided to communities, especially the mother or guardian, are in local languages to ease understanding. The mobilization of local volunteers, who have knowledge and familiarity in their local community had also supported peer to peer trust between the mothers or guardian and the vaccination team.

Lessons Learned

Coordination links to local opinion leaders and experts were beneficial to awareness campaigns about the vaccination. In gated communities, for example, leaders were approached to communicate the objectives and benefits of the campaign, and later granted the entry of PRC vaccination teams.



Water, sanitation and hygiene

People reached: 18,675

Male: 9,337

Female: 9,338

Indicator:

	Target	Actual
# of people directly provided with safe water services that meet agreed standards according to specific operational and programmatic context	18,000	18,675
# of assessments/monitoring visits undertaken	3	6
# of people provided with safe water (according to WHO standards)	18,000	18,675 ⁹
# of people with access to adequate sanitation facility	30,000 ¹⁰	18,675 ¹¹
# of volunteers involved in hygiene promotion activities	100	12
# of people provided with a set of essential hygiene items	3,600	1,160

Narrative description of achievements

All activities related to WASH outputs, as an integral component of MCUs mobilization, have been completed. No additional WASH activities were planned for this response.

Achievement towards the WASH targets for outcome and outputs are 62 per cent accomplished against its target. Targets were calculated based on optimum expected needs. However, actual needs were less than expected as some WASH activities planned by the PRC in hospitals were in fact carried out by the hospitals with other counterpart.

Challenges

Concurrent disasters that PRC was responding to impacted WASH programming.

Lessons Learned

No lessons learned reported.

⁸ www.devex.com/news/another-casualty-of-vaccine-hesitancy-philippines-declares-polio-outbreak-95648

⁹ 3,735 patients catered in the MCUs plus their attendants and other users.

¹⁰ Targeted people to be provided with access to adequate sanitation facility is the people provided with WASH activities.

¹¹ 3,735 patients catered in the MCU plus patients' attendants.



Protection, Gender and Inclusion

People reached: 103,455

Male: 51,727

Female: 51,728

Indicator:	Target	Actual
All people received PGI services provided by PRC as part of measles operation by September 2019	Yes	Yes
PRC ensures improved equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes
# of staff and volunteers mobilized to support PGI activities	90	not reported
# of staff and volunteers trained for PGI activities	90	not reported
Narrative description of achievements		
<p>For each activity, the mobilized staff and the volunteers ensured that interventions were aligned with PRC's commitments as well as with the minimum standard commitments of the IFRC in terms of protection, gender and inclusion (PGI) during emergency situations. Indirectly, all people reached with health services (number of children vaccinated, plus number of patients in MCUs, including household members) were supported while considering the minimum standards of PGI.</p> <p>PRC through its welfare desks in the MCUs and within the framework of the vaccination campaign, supported viewing the operation through the PGI lens. This included ensuring that the MCU facilities met the basic needs of patients' children and their parents. More details are contained in the Operations Update No. 1.</p> <p>To strengthen the integration of PGI at the chapter level, PRC conducted PGI orientations with Chapters from which volunteers were mobilized during Phase 2.</p>		
Challenges		
PGI related activities, including training of volunteers were deprioritised due to COVID-19 pandemic in country.		
Lessons Learned		
No lessons learned reported.		

Strengthen National Society

Indicator:	Target	Actual
# of PRC chapters that are well functioning	25	25
# of insured volunteers	1,500	1500
# of trained volunteers	690	690
# of PRC chapters equipped and supported to actively and efficiently participate in the measles prevention and management campaign 10	10	25
# of staffs from 10 chapters equipped and trained to understand direct measles prevention and management activities	600	54
Narrative description of achievements		
<p>Through this appeal, PRC worked in four chapters with the MCUs and 21 chapters for vaccination in the context of emergency phase 1. The PRC continued working with ten other chapters for phase 2. This amounted to 25 chapters that were supported during phase 1 and 2.</p> <p>More than 2,000 trained volunteers were mobilized for the vaccination campaign. 112 volunteers based at chapter level who were reporting to the OpCen on the measles situation, 12 volunteers involved in hygiene promotion and 12 volunteers mobilized to carry out PSS activities. All the volunteers recruited and mobilized received an orientation on the history and the seven fundamental principles of the RCRC. All volunteers mobilized (except for volunteer doctor and nurses) for this operation were insured under the Membership and Accident Assistance Benefit (MAAB) of PRC.</p>		

It was originally planned that 600 staff and volunteers were to be trained on the use of the epidemic control for volunteers (ECV) toolkit between August and September 2019. However, PRC was overwhelmed by polio activities following the national declaration of the polio outbreak on 19 September 2019. Subsequently, only 54 staff were trained in ECV (ToT) and the immunization compliance module. The content of the training covered modules on the following topics: epidemics, principles of epidemic control, actions in epidemic control, and the ECV toolkit. The trainings also covered the eCBHFA Immunization Module with the following topics: 1) Disease, infection, and vaccination, 2) Vaccine preventable diseases, 3) National vaccine schedule, 4) Promoting complete vaccination, and 5) common barriers to vaccination. Trainings occurred from 24 to 26 September 2019. The training was attended by 32 Chapter service representatives (CSR) for health, RCAT health as well as health project staff from 10 target chapters (Manila, Quezon City, Calocan, Marikina, Zambales, Bulacan, Olongapo, Batangas, Rizal and Cebu).

Apart from lectures on the topics mentioned above, simulations of coordination meetings, community education sessions, epidemic preparedness meetings, were also conducted, where participants were given different roles to enact scenarios and common challenges that are commonly encountered in these actual activities.

Challenges

Originally, 600 staff and volunteers were intended to be trained on the use of the epidemic control for volunteers (ECV) toolkit between August and September 2019. The PRC, however, was overwhelmed by polio activities following the national declaration of the polio outbreak on 19 September 2019 and this significantly reduced the number of trainings that could be provided.

Lessons Learned

No lessons learned reported.

International Disaster Response

Indicators:	Target	Actual
Effective and coordinated international disaster response ensured.	Yes	Yes
# of RDRT member deployed in the country	2	2
% of target population satisfied with level of consultation, information and involvement in the operation	80%	Not reported
% of target population satisfied with support received	80%	Not reported
% of affected population with awareness of RCRC action in their community	80%	Not reported
% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response	80%	Not reported
# of staff/volunteers trained to provide clear information to communities during assessments	300	Not reported
% of the overall beneficiaries joined the client satisfaction survey	5%	Not reported
Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements	Yes	Yes
A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of Government	Yes	Yes

Narrative description of achievements

Through this appeal PRC has worked in 4 chapters for the MCU's and 21 for the vaccination as part of the emergency Phase 1. PRC will work in a further ten chapters for Phase 2. Accounting for overlap in activities this amounts to 25 chapters being supported.

Two surge communications delegates were deployed to strengthen communications plan and activity.

A Regional Community Engagement and Accountability (CEA) delegate was also deployed for ten days to support the development of the CEA plan. A brief CEA strategy focusing on current activities and gaps was developed in coordination with the technical teams of PRC and IFRC CO. Informal discussions with OCHA and WHO were carried out to ensure that CEA mechanism are integrated within Measles operation.

For IFRC country office, technical support was provided to the National Society to ensure accountability and compliance with regards to the Appeal. IFRC did an orientation among PRC technical staff on the minimum reporting

requirements with regards to IFRC Appeals. IFRC finance team conducted regular meetings with PRC Finance to ensure 100 per cent compliance regarding finance standard operating procedures.

A CEA approach was an important aspect of this response and was integrated into programming to ensure that at-risk communities and affected people have direct access to information on the nature and scope of services provided by PRC and to ensure that they participated and could provide feedback to PRC.

Both measles and polio operation had the same CEA approach. To engage with the communities and provide vital information, the PRC established various initiatives and used different platforms. In undertaking communication with communities, PRC and IFRC conducted informal assessment on media landscape and preferred communication channels and found that most at-risk communities in urban and rural areas have a wide access to mainstream platform like radio and television and social media. PRC utilized multiple communication channels including social media, weekly radio shows, printed IEC materials, welfare desks, mobile loudspeakers, volunteer visits to disseminate lifesaving messages and conduct meaningful dialogues with communities. With a large coverage of social media across the country, PRC regularly used Facebook and Twitter to raise awareness about vaccination and engage with most at-risk communities. These activities aimed to support the government efforts to increase vaccination rate nationwide in addition to their on-going national measles campaign.

Logistics activities were effectively implemented to manage the supply chain, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Logistics support for this operation was provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team.

APRO Operational Logistics, Procurement and Supply Chain Management (OLPSCM) supported the procurement of 10 multipurpose tents. Three laptops were also procured internationally through the OLPSCM.

IFRC logistics team supported the printing activity of 34,000 copies of IEC materials which were used for distribution during the vaccination activity in all target barangays within National Capital. It also supported with the procurement of one-unit vaccine refrigerator to be used as measles' vaccine storage; 13 units of laptop, 54 units of tablet, 12 units of printer and 2 units of camera. Additionally, IFRC CO Logistics team supported the NS with extending fleet support and procurement support to organize trainings, workshops, etc. The IFRC CO logistics team supported the procurement of 200 cot beds.

All PRCs work has been coordinated with DOH and other partners. PRC closely coordinated the with DOH and the LGU at the Chapter level. The MCU were administered by the local hospital administration for quality and compliance. Whereas the vaccination sites and the gap profile were jointly decided by the PRC and DOH as part of a joint coordination meeting that was attended by the DOH, Epidemiological Bureau, and PRC representatives. For vaccines and cold chain management, PRC worked in close collaboration with the Research Institute on Tropical Medicine (RITM) Philippines and the local government led health stations and hospitals. PRC and the DOH doctors jointly supervised every vaccination drive, led by PRC to ensure compliance and to reduce risk of adverse effect led refusal. Each immunization was preceded by explaining the possible adverse effects and its chances by the health promoters, followed by physical monitoring of the child by the doctor/ senior nurse and filling up and signing of a consent form by the parent guardian of the child.

As of 27 May 2019, 5,369,746 individuals have been vaccinated against measles and rubella: 3,487,673 aged 6-59 months (92 per cent of the target population of 3,784,099). Extreme differences in coverage are mostly explained by inaccurate population data resulting in unrealistic coverage targets. Approximately 7.5 million pupils up to 12 years of age remain unvaccinated.

Following the effective implementation of the measles Outbreak Response Immunization (ORI) nation-wide, the DOH will intensify its application of its new strategy *Pinaigting na Pagbabakuna*: to close the 'Last Mile' of containing measles outbreaks, and to reach at least 95% coverage of Fully Immunized Children (FIC) in all barangays, including Geographically Isolated and Disadvantaged Areas (GIDAs).

Challenges

The PRC was over committed with responding to concurrent emergencies and this impacted the delivery of several activities including staff and volunteer training.

Lessons Learned

PRC NHQ must establish a strong partnership with key stakeholders to ensure that PRC's implementation is in line with the technical requirements of the main implementer--DOH--with support from WHO and UNICEF.

Partnership and coordination were strengthened at both levels through the conduct of partnership and stakeholder meetings, and the establishment of regular communication, updating, and reporting. Maintenance of these partnerships allowed the meaningful exchange of experiences and lessons learned during the operation.

Influence others as leading strategic partner

Indicators:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes
# and type of communications materials produced (social media, media articles, interviews, etc.) to share information about the operation.	12	275
# of end-term evaluation of the response is undertaken and the findings are shared to a wider audience	1	Yes

Narrative description of achievements

With the exception of the end-term evaluation of the response, all *"Influence others as leading strategic partner"* activities were accomplished. However, since January 2021, no further activity has been carried out due to the recent multiple operations to which PRC is responding. See [Operations Update No. 2](#) for details.

The PRC communications team did ensure that Red Cross response efforts were effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country actively contributed to institutional communications through their own social media networks. There were 275 communications products produced for this operation. See [Operations Update No.1](#) for details.

As part of Phase 2 increased communications support was provided through the IFRC CO communication coordinator. PRC and IFRC communications produced materials featuring efforts to respond to the measles outbreak for social media and e-newsletter to bring the topic back.

Reporting on the operation has been carried out in accordance with the IFRC Emergency Appeal reporting standards. One operations update has been issued during the operation's timeframe with a final report issued within three months after the end of the operation. The operation team had technical PMER capacity and additional technical support was provided through IFRC APRO PMER team.

A final evaluation of the appeal was carried out in April 2021 to identify challenges, lessons learned and recommendations.

Challenges

Challenges were experienced with reporting. There were instances where daily reporting messages through SMS were missed due to the bulk of messages that come in and out of the implementing office's official numbers. But these were very minimal and were easily addressed as chapters also received regular updates and could easily communicate to us if any reports were missed. Chapters were also advised to communicate to multiple channels as much as they could so that multiple project staff/officers at the NHQ could record simultaneously and could simply disregard any duplicate submissions. Overall, the benefits of having multiple channels for the daily reporting outweighed the risk.

Lessons Learned

The availability of multiple channels for reporting made the daily submission of data more accessible to chapters, especially to those with limited technology and connectivity for reporting.

Effective, credible and accountable IFRC

Indicators:	Target	Actual
% of compliance with technical and managerial support as demanded by PRC	100	100

Narrative description of achievements

All activities under Effective, credible and accountable IFRC followed the IFRC standards. An output was added during the revision of the EPoA, namely Output 4.1.2 *IFRC staff shows good level of engagement and performance*

The IFRC security framework was applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework applied. Regular coordination was maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing was also maintained as were specific security protocols for each security level.

In country, PRC staff and volunteers were oriented about measles and were given prevention measures that they should apply at home and on their respective communities. All staff and volunteers are required to complete the IFRC Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

All staff and volunteers mobilized under this health emergency response were provided with PPE, to protect them against communicable diseases, particularly on measles.

IFRC supported the recruitment of technical project staff in 10 chapters to support the operation.

Challenges

No challenges reported.

Lessons Learned

No lessons learned reported.

A. SITUATION ANALYSIS

Timeline

19 September 2019: The Department of Health (DOH) confirmed the re-emergence of polio in the Philippines and declared a national polio outbreak.

28 September 2019: At the request of the PRC, the IFRC launched a DREF operation in response to polio outbreaks in the Philippines for an amount of CHF 336,302 to reach 30,000 children in the 0 to 59 months age group through social mobilization, health promotion and oral vaccination against polio.

15 November: As new cases continued to emerge, the polio emergency plan of action (EPoA) was revised and integrated as part of the revised emergency appeal MDRPH032 “Re-emergence of vaccine preventable diseases” (previously known as “Philippines: Measles Operation”). The revised Emergency Appeal supported the Philippine Red Cross in its operations against measles and polio. Although each operation had its respective EPoA, they were placed under a common appeal to benefit from operational synergies and to improve efficiency. Under Emergency Appeal MDRPH032, the polio response plan was scaled-up to an amount of CHF 1,990,056 to reach 1.2 million people over 16 months and included mid-term routine immunization enhancement and epidemic preparedness.

23 December 2019: Operations Update #2 for the polio outbreak was published.

6 January 2020: The DOH announced the extension until April 2020 of the synchronized polio vaccination campaign “Sabayang Patak Kontra Polio”.

16 March 2020: Philippines raised the COVID-19 Alert System to Code Red sublevel 2 with consequent measures to combat the spread of the coronavirus.

18 March 2020: DOH suspended the Extended Vaccination Round until further notice, as the response to COVID-19 pandemic was prioritized.

20 July 2020: Vaccinations resume in Mindanao and extend through to 2 August 2020.

14 September 2020: Vaccinations in regions 3 and 4A resume and extend through to 27 September 2020.

Description of the disaster

On 19 September 2019, the Department of Health (DOH) confirmed the re-emergence of polio (vaccine-derived poliovirus-VDPV) in the Philippines and declared a national polio outbreak, in accordance with international health regulations. It was declared after environmental samples taken in Davao City and Metro Manila tested positive, and a human case of circulating VDPV polio was reported in Mindanao. This was quickly followed by a second case of human infection in Laguna province, southeast of Manila. The re-emergence occurred almost 20 years after the Philippines was declared polio-free in 2000 and the last case of wild poliovirus was recorded in 1993.

The declaration of a polio outbreak followed a confirmed Vaccine Derived Poliovirus Type 2 (VDPV2) case in a three-year old child in Lanao de Sur (Mindanao) reported on 16 September 2019. Subsequently, another VDPV2 case of polio was confirmed on 20 September, this time in a five-year-old boy who was immunocompromised from Laguna which is adjacent to Metro Manila.

There have been no new polio cases reported after 15 February 2020.

The resurgence of polio in the Philippines came as the DOH and other partners were responding to outbreaks of dengue and measles. According to the Philippines Epidemiological Overview 2020 as of 8 February 2020, between 1 January to 8 February 2020, there were 25,502 cases of dengue and 38 deaths reported, as well as 1,433 cases of measles and 12 deaths¹. An increasing number of cases of diphtheria were also reported, with the DOH confirming 167



Volunteers supporting the vaccination program hike to rural communities in Regions 3 and 4A September 2020 (Photo: Philippines Red Cross)

cases and 40 deaths in 2019 compared to 122 cases and 30 deaths in 2018². Furthermore, since January 2020, the country has been wrestling with the continuing spread of COVID-19.

All these health emergencies occurred concurrently while the government and its partners were responding to natural disasters in the country: the earthquakes in [Mindanao \(MDRPH036\)](#) in October 2019, the [Typhoon Kammuri \(MDRPH037\)](#) in November 2019, followed by [Typhoon Phanfone \(MDRPH038\)](#) in December 2019, and the eruption of [Taal Volcano \(MDRPH039\)](#) in January 2020.

Summary of response

Overview of host National Society

Philippine Red Cross (PRC) is the nation's largest humanitarian organization and works through 104 Chapters covering all administrative districts and major cities in the country. It has at least 1,000 staff at national headquarters and chapter levels, and approximately one million volunteers and supporters, of whom some 500,000 are active volunteers. Each chapter has a programme called Red Cross 143 (RC143), which aims to put in place 44 volunteers in each community (1 leader, 43 members) to enhance the overall capacity of the National Society to prepare for and respond in disaster situations.

Overview of the response

The PRC led the International Red Cross and Red Crescent Movement response to the outbreaks. The following activities were conducted in consultation with the DOH, following the declaration of the polio outbreak:

- In accordance with PRC response Standard Operating Procedures (SOP), the operations centre (OpCen) was placed on call 24/7 to monitor the situation; and provided regular updates to leadership staff.
- At the national level the PRC coordinated, with DOH Epidemiology Bureau, to update and monitor cases.
- In support of DOH, PRC alerted its local chapters to activate community-based volunteers (RC143) and chapter-based volunteers (RCAT) to disseminate health information, conduct community surveillance and support vaccination as part of the government regional and provincial epidemiology program.
- PRC prepared key messages on polio. These were published through its social media accounts to inform, educate and warn the public on the dangers of the disease outbreak.
- Planning meeting was held with NCR and three Mindanao Chapters on 3 October 2019.
- Technical review of plans of chapters of NCR and three Mindanao Chapters were held on 12 October 2019
- The Department of Health requested additional PRC support for the City of Manila, considered ground zero for the outbreak of polio. Volunteers and other stakeholders were mobilised on 17 October 2019.

Since January 2020, the country has been wrestling with the continuing spread of COVID-19. This has involved imposing stringent measures on the entire country including social distancing, enhanced community quarantines and limitation of movement within the country which had significant impact on polio outbreak response activities. The DOH began to implement the rapid response vaccinations in selected areas of region 3 and the third round in Mindanao. This was originally scheduled to begin on 23 March 2020 however it was postponed, due to restrictions introduced associated with COVID-19. Vaccinations resumed in July 2020 in Mindanao regions (8, 9, 10, 11, 12 and BARMM) and continued through to August 2020 with 102,567 children being vaccinated, exceeding the initial target of 80,000 (28%). In regions 3 and 4A, vaccinations resumed in September 2020 with 50,603 children vaccinated, exceeding the initial target of 40,000 by 27%.

The following table provides DOH and PRC targets and achievements throughout rounds of the vaccination campaign "Sabayang Patak Kontra Polio" (SPKP).

Activity	Date	Area	DOH National Target	DOH National Output	PRC Target	PRC Accomplishment	
Round 1	14 to 27 Oct 2019	National Capital Region Mindanao selected areas (Davao City Davao del sur, Lanao del sur and Marawi City)	1,706,996	1,629,649	65,000	62,843	97%
Round 2	25 Nov to 7 Dec 2019	National Capital Region and all Mindanao areas	4.4 million	4,309,566	100,000	155,424	156%
Round 3	20 Jan to 2 Feb 2020	All Mindanao areas	3.1 million	3.1 million	60,000	105,417	176%
Extended Mass Polio Vaccination							
Extended rounds for Mindanao	17 Feb to 1 Mar 2020	All Mindanao areas	3.1 million	3,439,585	80,000	147,284	184%
	23 Mar to 4 Apr 2020	All Mindanao areas	3.1 million	postponed	80,000	Postponed due to COVID-19 priority	

	20 Jul to 02 Aug 2020	All Mindanao areas	3.1 million	NA	80,000	102,567	128%
Extended rounds for NCR	27 Jan to 7 Feb 2020	National Capital Region	1.2 million	1.4 million	80,000	114,617	143%
	24 Feb to 8 Mar 2020	National Capital Region	1. million	1.432,065	80,000	143,520	179%
Round 1	3 to 31 Aug 2020	Region 3 and 4A	2.5 million	NA	40,000	31,880	80%
Round 2	14 to 27 Sept 2020	Region 3 and 4A	2.5 million	NA	40,000	50,603	127%

Source: WHO/UNICEF Situation reports 15, 16 and 18 and PRC operational updates.

The below table summarises achievements between 20 July – 2 August 2020.

Final report for round 1: 20 July to 2 August 2020

Region	Chapter	Target	Accomplishment	
		# children to be vaccinated	Children vaccinated	Percentage of accomplishment
Mindanao		80,000	102,000	128%
Region 8	Agusan del Norte	2,500	5355	214%
	Agusan del Sur	1,500	2363	158%
	Surigao del Norte	3500	7514	215%
Region 9	Zamboanga City	12000	27394	228%
Region 10	Bukidon	1500	1301	87%
	Iligan	3000	3369	112%
	Gingoog	5000	6576	132%
Region 11	Davao City	800	2118	265%
	Davao del Norte	3000	3045	102%
	Davao del Sur	5070	8415	166%
	Davao Oriental	2000	3767	188%
Region 12 - Soccskargen	General Santos - Sarangani	2000	3131	157%
	Sultan Kudarat	3500	4382	125%
Barmm	Cotabato	3500	3574	102%
	Lanao del Sur	3500	2092	60%
	Sulu	4000	8792	220%
	Tawi-Tawi	6500	9379	144%

Source: Philippines Red Cross

The below table summarizes achievement for round 2 – September 14 - 27 regions 3 and 4A

Final Report for Round 2: 14 - 27 September 2020 - Regions 3 & 4A

Dates covered	Region	Chapter	Target # Children to be vaccinated	Accomplishment	
				Children Vaccinated	Percentage of accomplishment
Round 1, Regions 3 & 4A			40,000	50,603	127%
September 14 - 27 ,2020	Region 3	Bataan	1600	2534	158%
		Bulacan	500	1556	311%
		Tarlac	2000	3712	186%
		Olongapo	1200	455	38%
		Zambales	1500	2952	197%
		Pampanga	1500	1290	86%

	Region 4A	Laguna	22000	25624	116%
		San Pablo	350	875	250%
		Rizal	4000	6595	165%
		Cavite	4000	5010	125%

Source: Philippines Red Cross

In addition to health emergencies Re-emergence of Vaccine Preventable Diseases ([MDRPH032](#)) and COVID-19 ([MDRCOVID19](#)) operations, the PRC, with IFRC support, responded simultaneously to the following operations: Mindanao Earthquakes ([MDRPH036](#)), Typhoon Kammuri ([MDRPH037](#)), Typhoon Phanfone ([MDRPH038](#)) and Taal Volcano ([MDRPH039](#)) which started sequentially in September 2019.

Overview of Red Cross Red Crescent Movement in-country

The PRC led the overall response operation. The IFRC Country Delegation (CD) coordinated with Partner National Societies (PNS) in Philippines, including the American Red Cross, Canadian Red Cross Society, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Netherlands Red Cross and the Spanish Red Cross. PRC is also supported by the International Committee of Red Cross (ICRC) in this polio response for selected areas with high security risks, particularly in Mindanao. For larger scale disaster situations, the ICRC, the IFRC and the PRC refer to the Movement Coordination Agreement for cooperation during emergencies. Reference is also made to the Access Map for Red Cross Red Crescent the Movement.

Coordinating with authorities

The [Republic Act 10072](#) (Philippine Red Cross Act of 2010) recognizes PRC as an independent, autonomous, non-governmental organization auxiliary to the authorities of the republic of the Philippines in the humanitarian field. Since the establishment the National Disaster Risk Reduction and Management Council (NDRRMC), PRC has served as one of the original member agencies and the only non-government agency sitting in the council membership. As auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with (i) the NDRRMC, (ii) the provincial, municipal and barangay (community) disaster risk reduction and management councils, and (iii) the local government units defined in the disaster risk reduction and management.

In this response, the PRC cooperated closely with the DOH, which lead the “Sabayang Patak Kontra Polio” campaign at both national and local levels.

Inter-agency coordination

At country level, PRC and IFRC are observers to and participate in meetings of the Humanitarian Country Team (HCT) held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning and analysis at all levels while IFRC supports PRC coordination efforts through representation in other relevant Clusters as required. In this response, PRC participates in the Health Cluster and Inter-Cluster Coordination Group meetings.

IFRC and PRC are coordinated with WHO and UNICEF on the response, shared information and contributed to updates. WHO co-chaired the National Health Cluster coordination through NDRRMC mechanism led by DOH. Health cluster coordination meeting were held on a regular basis to discuss health partners’ progress and interventions during the polio response. Given the COVID-19 pandemic context, the [WHO](#) advocated the importance of continuing immunization programs and warned that suspending vaccination could give rise to other health crises.

Needs analysis and scenario planning

On 19 September 2019, Philippines declared a polio outbreak in the country with four environmental samples tested positive from Davao and Metro Manila. Overall, 17 cases were confirmed with vaccine-derived polio virus. There are 14 cases of cVDPV2, one case of cVPD1; one case of VDPV1; and one case of immunodeficiency related VDPV type 2. Philippines is affected by both cVDPV1 and cVDPV2. The cVPDV is considered a public health emergency of international concern (PHEIC).

According to the WHO, with an increasing number of human cases and environmental samples tested positive for poliovirus type 1 and 2, the risk of subsequent transmission of polio continues to be considered high at the national level, due to chronically sub-optimal vaccination coverage, sub-optimal performance of AFP surveillance, and poor sanitation and hygiene conditions. No new cases of polio were reported after 15 February 2020 in Philippines.

There is no cure for polio. It can only be prevented through the polio vaccine. To stop the spread of polio, at least 95 per cent³ of people must be vaccinated. However, polio vaccination coverage in the Philippines has been steadily declining. According to the WHO, the estimated vaccination coverage for children aged under one year with the required three doses of bivalent oral polio vaccine in the Philippines for 2018 was 66.8 per cent (compared to the

recommended 95 per cent), and for the inactivated poliovirus (IPV) the coverage has been below 50 per cent since its introduction in 2016. In 2019, it was at 23 per cent.

Targeting

On 6 January 2020, the DOH announced it was extending the polio campaign until April 2020 in all regions of Mindanao and the National Capital Region. The additional rounds for the “Sabayang Patak Kontra Polio” (SPKP) campaign were scheduled to address the reported positive polio cases from the Acute Flaccid Paralysis Surveillance in Mindanao and positive environmental samples in Metro Manila. With the extension of the campaign, the DOH aimed to achieve at least 95 per cent coverage in all identified areas for every SPKP round to ensure that there would be no child missed. For NCR, two additional rounds were scheduled on 27 January – 7 February 2020 and 24 February – 08 March 2020. For Mindanao, an additional two rounds for all regions in Mindanao scheduled on 17 February – 1 March and 23 March – 4 April 2020. As mentioned, the round scheduled 23 March to 4 April 2020 was postponed until recommencing in July 2020

For more details on this section, kindly refer to the [revised Emergency Plan of Action](#).

Scenario planning

Possible scenarios that were anticipated are outlined in the following table:

	Best case scenario	Likely scenario	Worst case scenario
Case load	<p>Human cases are contained at the present level in the same geographic area and within the same subtype of polio.</p> <p>Diagnosis for polio for suspected cases is done faster and support for families is in place through protocols that are implemented at all levels of the health system for public and private facilities.</p> <p>Children with disability are provided with rehabilitation services</p>	<p>More human cases will be found in the same geographic area and some cases of VDPV1 are also found.</p> <p>Diagnosis will continue to take too long.</p> <p>Surveillance at the community level will be weak and this could result in further spread of the disease despite vaccination.</p> <p>Children with disability will be further marginalized.</p>	<p>More VDPV1 and VDPV2 human cases are found across the country.</p> <p>Hospitals with cases that are not managed well; hospitals are overwhelmed.</p> <p>Spread in health facilities. Increased demand for vaccination of all ages and inability to provide supplies.</p>
Response capacity	<p>DOH and local governments with partners has the capacity to cover 95% or more of the targeted population with vaccine supported by UNICEF.</p> <p>Strong leadership coming from the governors of provinces in the context of Universal Health Care implementation in January 2020.</p> <p>The opportunity is used to improve water and sanitation in all communities at risk and with ownership at the level of the household.</p>	<p>DOH manages to cover the targeted population with more than 80% coverage with support from health cluster partners.</p> <p>Inability to use the opportunity to strengthen surveillance in provinces and reliance on ad hoc epidemiologic interventions.</p> <p>Some areas with poor water and sanitation conditions will be improved.</p>	<p>DOH and health cluster partners cover less than 80% of the targeted population.</p> <p>Localized outbreaks continue requiring emergency responses.</p> <p>Waterways continue to be contaminated resulting in outbreaks of other types of waterborne diseases.</p> <p>Travel restrictions for Filipinos will continue and will increase the demand for vaccines of adults further displacing the focus on children.</p>
Availability of vaccines	<p>OPV and IPV are available in adequate quantity and the cold chain is managed throughout the supply chain.</p>	<p>OPV and IPV are available in adequate quantity with some delay in supplies. The cold chain is managed in most cases and geographic areas.</p>	<p>OPV and IPV are not adequately available, and the cold chain is compromised.</p>

Operation Risk Assessment

The project's identified risks and mitigation measures are summarized in the following table:

Risk	Mitigations
Lack of vaccines	Coordinated with DOH, local government units (LGUs) and UNICEF on the availability of vaccines to support the campaign.
Low health literacy and poor turn-out for vaccination	Supported PRC in communication strategies to reach the target populations, especially in vulnerable areas.
High refusal	Built in refusal management mechanism as part of social mobilization strategy. There was an approved refusal management protocol, developed by WHO and followed by DOH. All vaccinators, including PRC volunteers followed the protocol in totality.
Vaccination takes longer than expected and case load continues to grow.	Scaled up the response in terms of scope and time. Used the additional vaccines as ordered by the UNICEF and scaled up PRC response capacity in relation to geography and most vulnerable areas.
Side effects to vaccination	In most cases, DOH vaccination teams handled this. However, PRC volunteers were oriented on the side effects and the parent/guardians' consent was to be recorded prior to vaccination. Each vaccination team had a doctor or a senior nurse, who ensured quality control of the process and cold chain.
Adverse effect of the vaccine (vaccine-associated paralysis or the OPV attenuated virus becoming neurovirulent and transmissible).	As part of the orientation, the vaccinators and the health educators were informed about these including Guillain-Barré syndrome (GBS12), etc. Though these are rare, but information and precautions at the vaccinators' level and informed vaccination save the team's reputation and morale and they tend to value lives of people even more.
Cold chain failure	In this case, the effectiveness of the vaccine will reduce, and people will receive a false sense of security, which is dangerous. These kinds of cases/episodes should be immediately reported to DOH and arranged for the next round of vaccination in the same area, at the earliest. In places where PRC volunteers administer the OPV, they will be trained on cold chain management, along with other essential topics and they will pick up the vaccine box and the icepacks from the local health station and return the unused vaccines to the health station/centre. A joint team of local health experts from DOH and PRC will continue to monitor the efficacy of vaccine and quality of service delivery on a regular basis. Moreover, WHO monitors the performance of UN supplied vaccines in the field on a continuing basis. This monitoring includes testing of vaccine lots used in the field, review of complaints received from users and investigation on reports of adverse events following immunization ¹³ . The same practices will be observed by WHO in close coordination with DOH and PRC will be open to receive quality control and efficacy management recommendations from WHO and DOH, to ensure adequate efficacy of the vaccine through optimal, field-level cold chain management
Large to catastrophic disaster in the country, multiple operations	Applied country level contingency plans, including coordination with ICRC regarding the country level security framework.
Major political unrest and possibilities of armed conflict in one of more areas of the country	As above.
Capacity of PRC and IFRC insufficient	PRC Health Services has been looking after multiple operations: measles emergency appeal, dengue DREF and health activities in the Mangkhut emergency appeal. They also have their regular programming. Surge support was required.
Working in conflict affected areas	Coordinated with ICRC in areas of Mindanao

B. OPERATIONAL STRATEGY

Overall operational objective

The overall objective of this appeal was to contribute to prevention and reduction of morbidity and mortality resulting from vaccine preventable diseases with an initial focus on a measles outbreak and then encompassing the declared polio outbreaks in the Philippines targeting 1.2 million people over 16 months.

This appeal covered the following objectives:

- Respond to the national polio outbreak, in line with the DOH plan.
- Strengthen routine immunization for children below five years of age, by undertaking social mobilization through an extensive network of volunteers supported by strong PRC chapters.
- Establish and operationalize an epidemic preparedness plan for the Philippines (EP2) initiative.
- Strengthen PRC's planning, projection and modelling capacities for the outbreaks at all levels.

For immunization, the PRC conducted regular social mobilization and awareness activities and will ensure a steady improvement in the attendance rate of children during local immunization days. At the same time, the PRC strengthened the capacity of the local chapters and governments' line departments in epidemic and pandemic planning, contingency planning, logistics, cold chain management and surveillance.

In regard to support services utilized during the implementation of the operation, the PRC responded to the demands of the operation by engaging with a broad range of support available and this included shipment services by sending supplies to the chapters, fleet by dedicating vehicles to transport vaccination teams and deploying vehicles with public address, HR for hiring necessary personnel, and financial support for the timely issuance of cash advances and the screening of liquidations.

Elaboration of these objectives can be found on the [revised Emergency Plan of Action](#).

C. DETAILED OPERATIONAL PLAN

Indicators:	Target	Actual
<i># Of people reached to lessen immediate risks to the health</i>	90,600	296,690
<i># Of volunteers⁴ mobilized in the response phase, providing direct services to people through the polio vaccination and surveillance</i>	1,100	1,900 ⁵
<i># Volunteers and staffs⁶ provided with PPE and immunization for protection from disease while responding</i>	1,200	1,900
<i># People reached with community-based disease prevention and health promotion programming</i>	300,000	1,483,450 ⁷
<i># Of volunteers⁸ mobilized to support outbreak prevention and management activities in the communities</i>	1,100	1,900
<i># Of people reached through direct social mobilization campaign and social media coverage</i>	1,200,000	1,400,000 ¹⁰
<i># Volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response</i>	100	1,900
<i># Of children below 5 years of age, reached with vaccination for polio</i>	100,000	296,690
Narrative description of achievements		
<p>From 14 October 2019 to 31 December 2020, the PRC, in close coordination and collaboration with the DOH, other health partners (WHO and UNICEF) and the rural health units (RHU), completed three rounds and extended rounds of synchronized polio vaccination covering 852 communities in the National Capital Region, Region 3, Region 4A and the whole Mindanao areas. A total of 296,690 children aged five and under were vaccinated during the first three rounds and the extended rounds of vaccination.</p> <p>The PRC, through its chapters and partners, mobilized 1,900 volunteers and staff divided in teams of four members. For each round, volunteers were divided into teams of the following composition: (i) a team leader to lead</p>		

the in the identification and localization of children eligible for vaccination and responsible for ensuring that the vials used are stored properly; (ii) a volunteer to record relevant information about children and guardians and ensure informed consent for the administration of the vaccine; (iii) a hygiene promoter/ health educator to provide information on vaccine administered and provide information on hygiene and sanitation; (iv) a vaccinator to administer the polio vaccine and ensure the availability and safety of the vaccine's. Vaccination teams ensured that eligible children receive and supplement their polio vaccine shots and that mothers have a good understanding of the vaccine; and received adequate health and good hygiene messages.

Following round three, at the request of the government, PRC joined its DOH, WHO and UNICEF partners for the extended polio vaccination campaign, including additional vaccination rounds in Mindanao and NCR from February 2020 to September 2020. Originally, the plan was to conduct the extended round of vaccination between January to April 2020. However, as the government declared a National Emergency for the COVID-19 pandemic, with all ensuing measures restricting movement and activities, the activities of the polio campaign were suspended and health resources such as volunteers, staff and vehicles were redirected to the COVID-19 emergency.

As part of the preparation, **volunteers were oriented on the Polio's transmission and prevention/ mitigation.** They received a vaccination team kit containing: (i) a vaccine carrier; (ii) a first aid kit; (iii) take-away cards containing information on polio and measures to prevent its transmission; (iv) a set of gloves; (v) a mask; (vi) reporting forms. The volunteers were guided and trained by the DOH on vaccination procedures and protocols, with a focus on the proper disposal of used vials.

Given the pandemic, **the polio vaccination operation proceeded as a COVID-19-safe operation** for personnel and affected communities by incorporating the COVID-19 guidelines into the response protocols. This required PRC staff to use personal protective equipment (PPE), swab test prior to leaving to the field and for vehicles to be disinfected. Additionally, PPE training, health screening, COVID-19 orientation training for all personnel, and ongoing dissemination of relevant health messaging was provided. These measures mitigated exposure to contagion risks for staff, volunteers and recipients.

The **PRC has shared polio-related information⁹ through:** (i) the publication on social media of key information on polio, (ii) the dissemination of Information Education and Communication (IEC) materials in the community, (iii) public announcements in the community through mobile speakers, especially when inviting mothers/guardians to vaccinate their children. In addition, during vaccination, a hygiene promoter/ health educator ensured that mothers/ parents received a takeaway card containing information on the polio vaccine, including the schedule for routine immunization. Materials provided to the community were mostly in local dialects to ease understanding of information. The team also provided information on hygiene and sanitation. The takeaway cards for mothers were made available in English, Filipino, and the local languages of the project areas. Translations were provided by the chapters to ensure that the messages would be understood by community members. In addition to the translated takeaways, recorded key messages were also translated.

The number of people reached with community-based disease prevention and health promotion programming was significantly higher than what was targeted. There are several reasons for the high accomplishment of the National Society in the polio vaccination campaign. First and foremost, the strong coordination links between the Chapters and their local health offices, supported further by the strong partnership of the National Headquarters and the National Department of Health, UNICEF, and WHO, paved the way for the acceptance of the local offices to our augmentation efforts. Social media postings were also overachieved through approximately 20 social media posting through the platforms utilized by the PRC.

The second factor was having multiple rounds in each area/region, as this allowed PRC vaccination teams to improve and learn as each round takes place. Mobilization strategies would constantly improve, and challenges would be addressed for each round. Because of this, we were able to secure a strong force of community health RC143 volunteers that could be tapped for every health initiative that arises. Health promotion activities, such as the broadcasting of key messages in the community using portable amplifiers and speakers mounted on vehicles also contributed to the high acceptance of parents towards having their children vaccinated.

In partnership with the DOH, the PRC was able to vaccinate a total of at least 296,690 children in NCR, Region 3, Region 4A and Mindanao. Visibility efforts were also conducted through social media to inform the public about the activities of PRC around polio, with total social media reach of 526,160. Volunteers conducted house-to-house visits and set-up vaccination stations in key areas such as shopping malls, seaports, and bus stations to ensure that no children would be left unvaccinated.

In addition to the vaccination activities, the team also **conducted an information campaign on hygiene and sanitation** and take-away cards were given to parents and/or guardians. Shared information included topics such as (i) what is polio? (ii) how can it be prevented? (iii) what to expect after vaccination? (iv) how to prevent the transmission of the virus? (v) when will the next vaccination take place? and (vi) how to contact the red cross for questions and concerns?

In order to **inform the public about ongoing vaccination activities**, each team uses a speaker with a pre-recorded message informing the community. The message included information on measures to mitigate the spread of the polio virus and the importance of getting children vaccinated – this method was proven effective, with parents and guardians coming out of their homes upon hearing the message. In addition, a loudspeaker mounted vehicle was sent around the city to inform the community about synchronized polio vaccination.

Challenges

Vaccine hesitancy was a key reason for decreased immunization coverage and was a challenge during the operation. To overcome this, different approaches and facts would be provided based on the nature of the parents' refusal. An example would be when a parent refuses to have their child vaccinated with a supplemental polio dose citing their compliance to and completion of routine doses, the volunteers would respond by briefing the parent about the ongoing polio outbreak and the need for a SIA campaign for additional protection against the poliovirus.

Diversity of languages in the operational locations was a challenge for communication. This was overcome with the provision of IEC materials (print and recorded) in local languages.

It was not uncommon to encounter families who had difficulty reading the text of the takeaway cards. In cases where parents encountered this barrier, volunteers would make use of their training on intrapersonal communication where they were taught the different approaches to educating community members about both routine and supplemental immunization. This entailed orienting the volunteers on common misconceptions and reasons for refusal about the vaccination.

The emergence of the COVID-19 pandemic in the Philippines in March 2020 re-directed health system focus from vaccination campaigns for polio and measles towards COVID-19 management. Consequently, some activities planned under the EPoA for Polio within the intended timeline were deprioritized, as it was not feasible to conduct those activities during the pandemic.

Incorporating COVID-19 safe operational measures to enhance and facilitate deliverables under this polio operation enabled activities to be implemented but at a much slower rate than would usually be possible. Furthermore, the impact of COVID-19 necessitated compliance with COVID-19 guidelines. This required additional resources, particularly PPE, to be sourced and distributed to ensure the safe conduct of the operation.

Lessons Learned

Despite COVID-19 presenting many operational difficulties, these challenges could be largely overcome with the adaptation of remote technologies. For example, all training and meetings have shifted to the online platform.

The greater utilization of health promotion methods that use mass media and social media as communication channels minimized interpersonal contact. Health promotion methods utilizing interpersonal methods were deemed to pose too high a risk for COVID-19 transmission. To reduce risk of transmission of COVID-19, the giving of hot meals to parents and their children, and the giving of small tokens/toys for children, was prohibited.

Alternative communication channels considered less risky, were utilized successfully during this operation. They included social media, radio, and TV, all of which had a wide reach of consumers and could boost the demand for immunization services. Awareness campaign activities also focused heavily on the broadcast of key messages using portable amplifiers and portable speakers mounted on chapter vehicles. IEC materials were also displayed where people could read information provided.

Coordination links to local opinion leaders and experts were beneficial to awareness campaigns about the vaccination. In gated communities, for example, leaders were approached to communicate the objectives and benefits of the campaign, and later granted the entry of PRC vaccination teams.

Further, local volunteers walk by foot for couple of kilometres to ensure that they will be able to penetrate remote areas. The knowledge and familiarity of local volunteers in their own community helped in connecting with communities.



Water, sanitation and hygiene

People reached: 1,000,000

Male: 500,000

Female: 500,000

Indicator:	Target	Actual
# of people directly provided with safe water messages and services that meet agreed standards according to specific operational and programmatic context	300,000	Deprioritized
# of assessments/monitoring visits undertaken for polio operation	2	Deprioritized
# of water samples from each chapter across 20 chapters collected and tested for 3 times, within the operation period to formulate a risk profile	10	Deprioritized
# of volunteers involved in hygiene promotion activities	60	475
Progress towards outcomes		
<p>Majority of WASH activities (Outcome 1: Outputs 1.1 and 1.5; and Outcome 2: Outputs 2.1 to 2.4) were planned for January 2020. Unfortunately, due to the high number of disaster operations supported simultaneously by PRC and following the raise in Philippines of the COVID-19 alert system (raised to red sublevel 2 on 12 March 2020), activities under the emergency appeal were deprioritized however some activities were completed.</p> <p>Technical trainings on Participatory Hygiene and Sanitation Transformation (PHAST) activities were conducted at the community level. Training of trainers (ToT) was also conducted. Chapters who were prioritized were those chapters in areas where there were identified positive environmental samples of the poliovirus as well as in areas where there were positive human cases of the poliovirus.</p> <p>Hygiene promotion activities were also conducted at the community level. One member of each vaccination team was responsible for disseminating basic health and hygiene messages during the vaccination campaign. A total of 475 volunteers were involved in hygiene promotion activities and key messages provided, related to personal hygiene and environmental sanitation, reached approximately 1,000,000 parents/guardians of the children vaccinated.</p>		
Challenges		
Concurrent disaster operations that PRC was responding to, in addition to this operation, impacted WASH programming and subsequently caused some activities to be deprioritized.		
Lessons Learned		
No lessons learned reported.		



Protection, Gender and Inclusion

People reached: NA

Male: NA

Female: NA

Indicator:	Target	Actual
All people received Protection, Gender and Inclusion (PGI) services provided by PRC as part of the Public Health Emergencies operation by Dec 2020	Yes	Deprioritized
PRC ensured improved equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes
# of staff and volunteers trained for PGI activities	100	Deprioritized
# of staff and volunteers mobilized to support PGI activities	100	Deprioritized
# of staff and volunteers mobilized to support SGBV activities	100	Deprioritized
100% of information, education and communication (IEC) and behaviour change communication (BCC) materials developed by and all training programs conducted by PRC, are compliant with the PGI minimum standards.	Yes	Yes

Narrative description of achievements
<p>Protection, Gender and Inclusion (PGI) related activities, including those to address Sexual and Gender Based Violence (SGBV), were deprioritised due to COVID-19 pandemic in country.</p> <p>The PRC ensured that interventions were aligned with its own commitments and those of the IFRC (minimum standard for PGI during emergencies). The IFRC has zero tolerance for any form of violence against children especially since this operation is targeting children under five years. The child protection policy is part of the mandatory orientation provided to volunteers mobilized in this operation where all staff and volunteers were required to sign a document that they had read, understood, and would abide by the policy. Careful programming across all the sectors and operational areas of IFRC ensured that children were protected from exploitation and abuse regardless of their nationality, culture, ethnicity, gender, religious or political beliefs, socio-economic status, family, or criminal background, physical or mental health or any other factors for discrimination.</p> <p>Indirectly, all people reached through this operation, benefited from various services that meet the IFRC minimum standards in terms of protection, gender, and inclusion.</p>
Challenges
<p>PGI related activities, including those to address SGBV, were deprioritised due to COVID-19 pandemic in country. The deprioritization of planned PGI activities was due to the movement restrictions and lockdowns brought by the COVID-19 pandemic. During the rounds of the vaccination when the COVID-19 outbreak was occurring, it became the top priority of the Chapters to focus on penetrating the communities in coordination and compliance with COVID-19 restrictions established by the Inter-Agency Task Force (IATF). As the polio outbreak was occurring concurrently with the COVID-19 outbreak, it was important that the teams focused more on risk communication and infection, prevention, and control (IPC) guidance for community members to still avail of the polio vaccination activities.</p>
Lessons Learned
<p>No lessons learned reported.</p>

Strengthen National Society		
Indicator:	Target	Actual
<i># of PRC chapters that are well functioning</i>	25	25
<i># of volunteers insured¹</i>	1,100	1,900
<i># of volunteers trained²</i>	1,100	1,900
<i># of PRC chapters equipped and supported to actively and efficiently participate in the polio prevention and management campaign</i>	25	25
<i># of staffs and chapter level regular volunteers from 25 chapters are equipped and trained to understand vaccine preventable diseases management activities and enhancing immunization</i>	300	300
Narrative description of achievements		
<p>The PRC supported 25 chapters in NCR (Caloocan, Malabon, Manila, Marikina, Navotas, Pasay, Quezon City, Rizal and Valenzuela) and Mindanao (Agusan del Norte, Agusan del Sur, Bukidnon, Cotabato, Davao City, Davao del Norte, Davao del Sur, Davao Oriental, General Santos, Iligan City, Lanao del Sur, Sultan Kudarat, Sulu, Surigao del Norte, Tawi-Tawi and Zamboanga City). These chapters lead the overall response activity for the polio vaccination, with support from PRC NHQ.</p> <p>All volunteers received appropriate training prior to their mobilization. At least 1,900 trained volunteers were mobilized for the vaccination campaign in NCR and in Mindanao.</p> <p>Proper security orientation was provided to volunteers prior to travelling to communities, especially in the Mindanao areas. All volunteers recruited and mobilized received orientation on the history and seven fundamental principles of the Red Cross Red Crescent Movement. All volunteers mobilized for this operation were insured under the Membership and Accident Assistance Benefit (MAAB) of PRC</p> <p>After the completion of the first two-rounds, the DOH recognized and commended the contribution of the PRC during the first two rounds of the “Sabayang Patak Kontra Polio” campaign, carried out in good coordination with their</p>		

respective local health counterparts. The PRC chapters, with their solid network of volunteers, were able to respond to DOH's request and mobilize their teams to work in geographically isolated and disadvantaged areas (GIDA) in order to vaccinate more children.

To reach more children than those initially targeted, PRC chapters increased their targets and mobilized additional staff and volunteers in the areas allocated to them. PRC Health at NHQ ensured that all staff and volunteers were equipped with skills and knowledge on vaccine preventable diseases and vaccination through pre-round meetings, orientations and daily briefings. PRC also provided the 25 chapters with the following booklets and manuals as a guide and reference for current activities:

- PRC handbook for vaccination teams – this is a practical / ready-to-use document for vaccination teams to which they can refer as a guide on the vaccination activities, their roles and responsibilities.
- PRC orientation module for polio vaccination teams – a presentation to orient and prepare volunteers to be part of the vaccination teams.

From 10 to 11 January 2020, PRC organized a post-round Meeting and Planning workshop in Davao City. The activity aimed to bring together updates on accomplishments and lessons learned from the Mindanao chapters of the concluded polio vaccination that took place from 25 November to 7 December 2019. In addition, the chapters discussed their plans and targets for the next round of 20 January to 2 February 2020. 16 chapters (Zamboanga City, Agusan Del Sur, Gingoog City, Davao Del Norte, Davao Oriental, Davao del Sur, Davao City, General Santos – Sarangani, Sultan Kudarat, Cotabato, Agusan del Norte, Sulu and Tawi-Tawi) and representatives from WHO, DOH, UNICEF, ICRC and IFRC, participated in the activity.

On 22 January 2020, PRC organized a technical orientation and planning meeting for the NCR chapters, in preparation of the extended polio outbreak response. It aimed to orient the chapters on the two additional rounds of vaccination and technical considerations, as well as to set targets for each chapter.

On 8 February 2020, PRC conducted a technical orientation and planning meeting for the Mindanao chapters in preparation of the extended polio outbreak response. 17 chapters from Mindanao participated. An orientation session on COVID-19 was integrated during the meeting to update the chapters on the latest situation and key messages.

Challenges

Movement restrictions associated with the pandemic impacted the training of volunteers through direct delivery and was therefore provided to volunteers via online platforms. The use of the online platforms for trainings made it possible to maintain communication and transparency with the implementing chapters. This, of course, came with challenges especially for connectivity in remote areas. Some chapters would have difficulty maintaining their connection to the meeting and would thus rely on shared training materials.

Transmission of COVID-19 infection amongst staff, volunteers and recipients was a significant risk and challenge to deal with.

Lessons Learned

Despite COVID-19 associated restrictions impacting many aspects of the operation, adaptation to activities and communication methods enabled programs implementation to progress. These adaptations included the delivery method of training from regular to online platforms achieved training objectives and modification to volunteer management activities, such as conducting debriefing meetings online. Technical documentation was provided to volunteers to augment online training.

Risks of COVID-19 transmission could be managed. Staff and volunteers adapting to COVID-19 safe practices, through training, provision of PPE ensured that where necessary, community engagement activities (including vaccine administration) could take place with infection risks mitigated. Furthermore, PRC ensured that all project implementers were trained on Infection Prevention and Control (IPC) measures, especially for vaccination team members. Personnel involved with community engagement activities were screened daily.

International Disaster Response

Indicator:	Target	Actual
<i>Effective and coordinated international disaster response ensured</i>	Yes	Yes

# RDRT/ global surge support members deployed in the country for the Public Health in Emergencies (PHE) operations.	3	4
% of target population satisfied with level of consultation, information and involvement in the operation	80	Deprioritized
% of target population satisfied with support received	80	Deprioritized
% of affected population with awareness of RCRC action in their community	80	Deprioritized
% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response	80	Deprioritized
# of staff/volunteers trained to provide clear information to communities during assessments	100	2,020
% of the overall beneficiaries joined the client satisfaction survey	3	Deprioritized
Logistics department provides constant support to the National Society's logistics for replenishment and other procurements	Yes	Yes
A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of the government	Yes	Yes
Narrative description of achievements		
<p>The PRC mobilized the NHQ and chapters' existing staff, the Red Cross Action Teams (RCAT134) and the Red Cross 143 volunteers who are trained on WASH and Health to support the operation.</p> <p>To support the PRC, the IFRC deployed four global surge support members including: (i) a member with expertise in community mobilization, health promotion, community surveillance and project management from November 2019 to early January 2020, (ii) a member with expertise in PMER, to support the operation from November 2019 to March 2020, (iii) an operations manager from November 2019 to March 2020, iv) and a member with information management (IM) expertise in January 2020. The operations manager, IM and PMER also support the other ongoing DREF and emergency appeal operations.</p> <p>The Community engagement and accountability approach (CEA) based on the Movement-wide commitments and minimum actions for CEA was integrated into programming to ensure that at-risk communities and affected people had direct access to information about the nature and scope of services provided by PRC and to ensure that they could participate and feedback to PRC.</p> <p>To engage with the communities and provide vital information, PRC established various initiatives and used different platforms:</p> <ul style="list-style-type: none"> • PRC and IFRC conducted informal assessments through face-to-face key informant interview and focus group discussion of the media landscape and preferred communication channels. Interviews were conducted with the community leaders and recipients of different PRC programmes. Based on the CEA assessment for the CEA Implementation Guideline, it was found that most at-risk communities in urban and rural areas have wide access to mainstream platforms like radio and television and social media. With extensive social media coverage across the country, PRC regularly uses Facebook and Twitter to raise awareness about vaccination and engage with communities most at-risk. More details on the social media reached can be found in SFI 3: Output 3.1.1. (Assessments of the media landscape and preferred communication channels were conducted through consultation meetings with the communications team, as well as consultation with the IFRC SURGE delegate. UNICEF C4D specialists also provided technical guidance on how to utilize various media channels such as print and audio materials to promote the campaign. On gender balance, there was an effort to encourage teams to balance out male and female members in the recruitment process). • Volunteers visited communities to disseminate lifesaving messages and engage meaningful dialogues using their own local dialect. • Mobile loudspeakers were used to make public announcement of scheduled vaccinations in communities and to encourage parents / guardians to vaccinate their children. • IEC materials, with key polio messages, were printed and posted at different location in communities, allowing the public to see the information. • Text- based messaging such as cards were provided to parents / guardians which contained PRC's contact details of the PRC for questions, clarifications, or any form of feedback. (Approximately a 100 text messages were received through the official number to inquire about the polio vaccination. The most common inquiry received through this channel was regarding the schedule of the second dose of the oral polio vaccine. Many parents also contacted the number to inquire about the vaccination site and schedule, and would often look for PRC vaccination teams, even in areas not reached by PRC teams. This was caused by the vast dissemination of leaflets/takeaways for parents about the campaign. In these instances, we would refer the parents to their local barangay health offices. Messages of thanks and appreciation were also received through this channel). 		

Feedback was resolved during face-to-face volunteer mobilizations and through a mobile phone number that was provided. Most of the feedback included the following topics:

- Questions about the schedule of vaccination
- Appreciation to PRC vaccination teams
- Inquiry related to the age of child qualified for the polio vaccine
- Signs and symptoms of polio
- Future visits of vaccination teams to provide the next round of vaccine

These activities aimed to support government efforts to increase the national immunization rate in addition to its ongoing national campaign against polio. Volunteers and staff provided clear information to communities during, pre and post workshops; they received guidelines and manuals, containing key messages and description of their duties and responsibilities. They also received daily briefings.

A client satisfaction survey was initially planned for the January 2020 synchronized vaccination round activity to help adjust programmes if necessary. However, the survey did not take place due to the high number of emergency operations supported simultaneously by PRC, which limited resources and led to prioritization. The PRC was also pre engaged with responding to the COVID-19 pandemic situation in the country.

Logistics activities aimed to effectively manage the supply chain, including procurement, fleet, storage and transportation to distribution sites in accordance with the requirements of the operation and aligned with IFRC's logistics standards, processes and procedures.

For this operation, IFRC CO Logistics supported PRC with the following activities:

- Rental of nine vehicles used when mobilizing volunteers during the polio vaccination.
- Procurement of four cameras and a printer to support the operation.
- Organization of hotel accommodation and food catering for each pre- and post-polio round meetings as well as during planning and technical orientation for staff and volunteers.
- Support with printing manuals and forms used for polio vaccination.

PRC supported by the IFRC ensures that all activities were in line with the national government plans, strategies and standards through regular information, planning and coordination meetings.

Challenges

The PRC was also over committed with responding to the COVID-19 pandemic situation in the country and this impacted the delivery of several activities. A lack of human resources, restrictions on movement of people and access to resources were key issues caused by the pandemic that impacted operations.

Lessons Learned

PRC NHQ must establish a strong partnership with key stakeholders to ensure that PRC's implementation is in line with the technical requirements of the main implementer, (the DOH) with support from WHO and UNICEF. These partnerships were especially important as the pandemic presents many challenges especially in terms of movement of vaccination teams. Proper coordination ensured that PRC was compliant to all rules and regulations set by the local government.

Partnership and coordination were strengthened at both levels through the conduct of partnership and stakeholder meetings, and the establishment of regular communication, updating, and reporting. Maintenance of these partnerships allowed the meaningful exchange of experiences and lessons learned during the operation.

Influence others as leading strategic partner

Narrative description of achievements

<i>IFRC and NS are visible, trusted and effective advocates on humanitarian issues</i>	Yes	Yes
<i>Communications plan is developed and implemented</i>	Yes	Yes
<i># of different communications materials produced (social media engagement, news articles, interviews, AV materials, etc.)</i>	8	61
<i>Two evaluations (one review and one final evaluation) of the response is undertaken and the findings are shared to a wider audience.</i>	2	1

Reporting on the operation has been carried out in accordance with the IFRC reporting standards. The operation team has technical PMER capacity and additional technical support provided through IFRC APRO PMER team.

Daily monitoring of project progress was conducted through the following methods:

- SMS Reporting
- Email Reporting
- Facebook Messenger Groups

The availability of multiple channels for reporting made the daily submission of data more accessible to chapters, especially to those with limited technology and connectivity for reporting.

Post-round workshops have been held after each round in the National Capital Region (NCR) and Mindanao to take stock of the campaign, highlight lessons-learned and prepare next rounds. These workshops brought together chapters' administrators, representatives of the chapters' health services involved in the specific round, and volunteer team leaders involved in mass vaccination. Representatives from DOH, UNICEF, WHO, IFRC and academic partners also participated in the workshop. The lessons learned report is available in the Teams [folder](#).

Challenges

There were certain instances where daily reporting messages through SMS were missed due to the bulk of messages that come in and out of the implementing office's official numbers. But these were very minimal and were easily addressed as chapters also received regular updates and could easily communicate to us if any reports were missed. Chapters were also advised to communicate to multiple channels as much as they could so that multiple project staff/officers at the NHQ could record simultaneously and could simply disregard any duplicate submissions. Overall, the benefits of having multiple channels for the daily reporting outweighed the risks.

Lessons Learned

The availability of multiple channels for reporting made the daily submission of data more accessible to chapters, especially to those with limited technology and connectivity for reporting.

Effective, credible and accountable IFRC

<i>Effective performance of staff supported by HR procedures</i>	Yes	Yes
% of compliance with technical and managerial support as demanded by PRC	100	100
% of financial reporting respecting the IFRC procedures	100	100
% of operational staff for IFRC that received security briefing	100	100

Narrative description of achievements

The IFRC Human Resources (HR) across the movement support PRC in achieving its goals for this operation following compliance on PRC HR standards.

For the IFRC Country Delegation, technical support was provided to the National Society to ensure accountability and compliance with regards to the Appeal. The IFRC Finance team met regularly with PRC Finance team to ensure 100 per cent compliance with standard operating procedures.

The IFRC, through the finance department, provided operational support for review, budget validation, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. The PRC – which takes part of the working advance system – has been supported for many years by the IFRC and is accustomed to these financial procedures. All financial transactions in this operation adhered to the IFRC's standard financial procedures. The IFRC finance and administration team in Manila provided administrative and transport support at NHQ and in the field.

The IFRC security framework was applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework applied. Regular coordination was maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing has been maintained and specific security protocols for each security level.

In the country, PRC staff and volunteers were oriented about measles and polio and were given prevention advice to stay home and in their respective communities. All staff and volunteers were required to complete the IFRC Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

All staff and volunteers mobilized under this health emergency response were provided with personal protective equipment (PPE), to protect themselves against communicable diseases.

IFRC supported the recruitment of technical project staff in ten chapters to support this operation.

Challenges

No challenges reported.

Lessons Learned

No lessons learned reported.

D. Overall Financial Report

The appeal funding requirement was CHF 2,700,000 out of which the coverage was only 31.13% (CHF 840,524). The total income (including DREF Loan) was CHF 1,176,826. The total expenditure was CHF 1,150,320 (98% utilization).

The remaining balance of CHF 26,506 will reimburse the DREF Loan. Detailed expenditure is [outlined](#) in the final financial report at the end of this report. The IFRC, on behalf of the Philippine Red Cross would like to extend our gratitude to all contributing partners/donors for their generous contributions.



Click for:

- [DREF](#)
- [Emergency Appeal](#)
- [Operations Update 1](#)
- [Operations Update 2](#)
- [Operations Update 4](#)
- [Revised Emergency Plan of Action 2](#)
- [Previous appeal updates](#)

For further information, specifically related to this operation please contact:

In Philippine Red Cross

- Elizabeth Zavalla, secretary general; phone: +63 2 790 2300; email: secgen@redcross.org.ph
- Mark Alvin Abrigo, acting manager for health services; phone: +63 917 953 8211; email: markalvin.abrigo@redcross.org.ph

In IFRC Philippine Country Delegation

- Paula Fitzgerald, interim head of country office, phone +61 418 175 642; email: paula.fitzgerald@ifrc.org

In Asia Pacific Regional Office, Kuala Lumpur

- Gwendolyn Pang, acting deputy regional director; email: gwendolyn.pang@ifrc.org
- Robert Laprade, head of partnership and resource development (PRD); email: robert.laprade@ifrc.org
- Vinod Muniandy Operations Coordinator; opscoord.southeastas@ifrc.org
- Mohammad Khairul Zaim ZAWAWI, PRD Senior Officer; email: zaim.zawawi@ifrc.org

In IFRC Geneva

- Cristina Estrada, response and recovery lead; phone: +412 2730 4260; email: cristina.estrada@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Alice Ho, partnership in emergencies coordinator; email: PartnershipsEA.AP@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- Fadzli Saari, PMER manager a.i.; email: fadzli.saari@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2021/2	Operation	MDRPH032
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 30 Mar 2021

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,700,000
AOF5 - Water, sanitation and hygiene	500,000
AOF6 - Protection, Gender & Inclusion	25,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	60,000
SFI2 - Effective international disaster management	385,833
SFI3 - Influence others as leading strategic partners	29,167
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	2,700,000
Donor Response* as per 30 Mar 2021	840,524
Appeal Coverage	31.13%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	30,602	25,838	4,763
AOF2 - Shelter	4,122	14	4,108
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	989,328	1,066,407	-77,080
AOF5 - Water, sanitation and hygiene	104,062	33,118	70,944
AOF6 - Protection, Gender & Inclusion	4,096	4,781	-685
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	8,473	8,473	0
SFI2 - Effective international disaster management	9,283	11,689	-2,406
SFI3 - Influence others as leading strategic partners	5,325	0	5,325
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	1,155,290	1,150,320	4,970

III. Operating Movement & Closing Balance per 2021/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,176,826
Expenditure	-1,150,320
Closing Balance	26,506
Deferred Income	0
Funds Available	26,506

IV. DREF Loan

* not included in Donor Response	Loan :	517,719	Reimbursed :	181,417	Outstanding :	336,302
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2021/2	Operation	MDRPH032
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 30 Mar 2021

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Australian Red Cross (from Australia - Private Donors*)	21,127				21,127		
British Red Cross	251,208				251,208		
China Red Cross, Hong Kong branch	25,312				25,312		
DREF Allocations				336,302	336,302		
Finnish Red Cross	54,707				54,707		
Japanese Red Cross Society	90,380				90,380		
Red Cross of Monaco	16,834				16,834		
The Canadian Red Cross Society (from Canadian Gov	132,765				132,765		
The Netherlands Red Cross (from Netherlands Govern	218,191				218,191		
Turkish Red Crescent Society	30,000				30,000		
Total Contributions and Other Income	840,524	0	0	336,302	1,176,826	0	
Total Income and Deferred Income					1,176,826	0	